

Profile Women Pregnancy with HIV Infection in Clinic Voluntary Counseling and Testing in Medan

Rahayu Lubis¹, Jemadi¹ and Surya Utama¹

¹Faculty of Public Health, Universitas Sumatera Utara, Jalan Universitas No. 21, Medan, Indonesia

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Abstract: There were 1.4 million women pregnancy with HIV in 2016 whole world. More than 90% HIV cases in children get infection by mother to child transmission. In Indonesia, out of 43,264 pregnant women who underwent HIV testing there were as many as 1,329 people (3.04%) positive HIV. The aim of study is to describe the profile women pregnancy with HIV infection in clinic voluntary counselling and testing (VCT) in Medan. This is the retrospective study. The Population is all pregnant women with HIV infection in clinic VCT in Medan. The sample was pregnant women with HIV infection in 2015 to 2017. Data collection from medical records. Analysis descriptive data was used and showed in table distribution and frequency. Total 92 respondents were studied. Majority of respondent in aged less than 35 years (75%), Bataknese (72.8%), have more than 9 years attainment of education (77.2%) and spouse education (73.9%). There are (68.8%) don't have employment and their spouse (73.9%) work as non manual worker. They come to clinic in less than 6 month of pregnancy (64.1%), the CD4 less than 350 u/dl (65.2%), in late stadium (71.7%), receiving antiretroviral therapy more than 6 month (73.9%) and don't have opportunistic infection (53.3%).

1 INTRODUCTION

Human Immunodeficiency Virus (HIV) is still a global problem. By 2016 about 36.7 million people are infected with HIV in the world, 1.8 million of whom are new HIV cases and about 1 million people die from HIV (WHO, 2017). In the Asia and Pacific region by 2016 there are 5.1 million people infected with HIV. Approximately 270,000 people are new infections of HIV, 15,000 new cases occur in children and about 170,000 people die from HIV. The country's highest HIV prevalence in Asia Pacific is India, China, Indonesia and Pakistan, covering over 75% of new infections HIV in Asia Pacific. There are more than 1.4 million (1.1 to 1.7 million) women pregnancy with HIV infection by 2016. It is estimated that 76% (66-88%) of women pregnancy with HIV infection take antiretroviral drugs to prevent HIV transmission to their babies because more than 90% HIV cases in children get infection by mother to child transmission (UNAIDS, 2017).

In Indonesia, HIV cases continue to increase and have spread in 386 districts / cities. The cumulative number of HIV patients from 1987-2016 was 232,323 people and the total cumulative AIDS sufferers were 86,725 people (Kemenkes RI, 2017). HIV infection

poses a threat to the development of human quality and productivity in Indonesia. This is indicated by the high rate of HIV transmission that occurs. HIV transmission has begun to shift from predominantly male-dominated, slowly increasing the number of HIV-infected individuals in women (KPAN, 2010). According to Ministry of Health Indonesia that from 86,780 people suffering from HIV, 56% of whom are women and out of 43,264 pregnant women who underwent HIV testing there were as many as 1,329 people (3.04%) positive HIV.

HIV-infected women are generally transmitted from sexual partners, such as HIV-infected wives the source of infection is HIV-infected husbands as well. If the wife is pregnant then the risk of transmission continues from the mother to the baby. The study in the United States and Europe shows the magnitude of the risk of perinatal HIV transmission in pregnant women is 20-40%. The study in Samarinda reported that the highest risk of HIV transmission in pregnant women is transmitted from her husband as much as 77.3% (Abidah, 2017). Another study in Medan showed the cumulative number of pregnant women with HIV infection in Adam Malik Hospital from period 2013 to 2017 were 132 people (Anggreyani, 2015). Therefore, HIV infection in pregnant women

becomes very important because the consideration of its effect on pregnancy and the baby. The aim of this study is to know the profile of the incidence of women pregnancy with HIV infection in VCT Clinic Medan City.

2 METHODS

This is a retrospective study in clinic voluntary counselling and testing in Medan. The Population is all pregnant women with HIV infected patients in clinic VCT in Medan. The sample was pregnant women with HIV infected patient in clinic VCT Medan during the period of 2015-2017. Data collection from medical records at clinic VCT in Medan. Analysis with descriptive data was used and showed in table distribution and frequency.

3 RESULT AND DISCUSSION

3.1 Sociodemographic Characteristic

Totally 92 pregnant women with HIV infection included in this study. Majority in aged less than 35 years old (75%), Bataknese (72.8%), with Christian religion (51.1%). More than 9 years attainment of respondent's education (77.2%) and spouse education (73.9%). There are (68.8%) of respondent don't have employment and their spouse (73.9%) as non manual worker, such as government employees, private employees, for more details can be seen in Table 1. Similarity with this study in Africa reported that elevated incidence of pregnant women with HIV infection in younger women (less than 35 years old) (Chetty, 2017). In this study the youngest age of pregnant women with HIV is 21 years, and the oldest age is 42 years. The largest proportion of pregnant women with HIV occurs in the age less than 35 years. The age group of 20-35 years is the age of active reproduction and the best age for childbirth because pregnancy in age above 35 years is high risk. Similar with this study in Sanglah hospital in Bali found that the largest proportion of pregnant women with HIV occurred at the age of less than 35 years (Suherlim, 2015).

3.2 Clinical Condition

Regarding the clinical condition of respondent, majority come to clinic with less than 6 month of a pregnancy (64.1%) with the CD4 less than 350 u/dl

(65.2%), in late stadium of HIV (71.7%) and receiving antiretroviral therapy more than 6 month (73.9%). Haemoglobin level and body mass index (BMI) not much difference between normal and abnormal level. The respondent who don't have opportunistic infection (53.3%) and who have opportunistic infection (46.7%). It can seen in Table 2. Similarity with this study in Brighton reported that about 60% pregnant women with HIV infection received ART (Salters, 2017). Pregnant women received ART for prevention of mother to child transmission as per protocol which varied during the period of study (Dadhwal, 2017). In Africa, more than half pregnant women with HIV infection come to clinic with less immunity and there were association between pregnancy and clinical (Wall, 2017). The similar study showed that the respondent come to clinic on average at 22 weeks gestation (range 6-34) and most of patient with BMI more increased (Florida, 2017). Antiretroviral therapy can maintain the condition of pregnant women with HIV. Similarity with this study showed that ART can extend the life expectancy of HIV patients (Lubis, 2014)

Table 1: Sociodemographic characteristic of respondent

Variables	f (%)
Aged (years old)	
< 35	69 (75%)
≥ 35	23 (25%)
Ethnic	
Bataknese	67 (72.8%)
Javanese	16 (17.4%)
Others	9 (9.8%)
Religion	
Christian	47 (51.1%)
Moeslem	44 (47.8%)
Bhuddist	1 (1.1%)
Education of Pregnant women	
≥ 9 years attainment	71 (77.2%)
< 9 years attainment	21 (22.8%)
Education of Spouse	
≥ 9 years attainment	68 (73.9%)
< 9 years attainment	24 (26.1%)
Occupotional of Pregnant women	
Not Employment	63 (68.5%)
Employment	29 (31.5%)
Occupotional of Spouse	
Non manual worker	68 (73.9%)
Manual worker	24 (26.1%)

Table 2: Clinical condition of respondent

Variables	f (%)
Pregnancy < 6 month	59 (64.1%)
≥ 6 month	33 (35.9%)
CD4 (u/dl) ≥ 350	32 (34.8%)
< 350	60 (65.2%)
BMI (kg/m ²) ≥ 23	49 (53.3%)
< 23	43 (46.7%)
Hb (g%) ≥ 11	47 (51.1%)
< 11	45 (48.9%)
Stadium of HIV Early	26 (28.3%)
Late	66 (71.7%)
Infeksi oportunistik No	49 (53.3%)
Yes	43 (46.7%)
Antiretroviral therapy ≥ 6 month	68 (73.9%)
< 6 month	24 (26.1%)

4 CONCLUSIONS

The Majority of pregnant women in aged less than 35 years, Bataknese , Christian religion, have more than 9 years attainment of education for respondents and their spouse, unemployment of respondent and their spouse work as non manual worker. They come to clinic in less than 6 month of pregnancy, the CD4 less than 350 u/dl, in late stadium of HIV, receiving antiretroviral therapy more than 6 month Haemoglobin level and body mass index not much difference between normal and abnormal level. The respondent who don't have opportunistic infection more than who have opportunistic infection.

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